

## ***Petroleum Tank Release Compensation Board***

### **INSTRUCTIONS FOR FORM 3 APPLICATION FOR REIMBURSEMENT- CORRECTIVE ACTION**

*This reimbursement application (Form 3, also referred to as “application”) was developed pursuant to Petroleum Tank Release Compensation Board (PTRCB) Rule 17.58.334, ARM, and replaces the previous Form 3 dated July 1993. It provides a Responsible Party an avenue to apply for reimbursement of eligible corrective action expenditures from the Petroleum Tank Release Cleanup Fund (Fund). PTRCB Rule, 17.58.311, ARM, defines a Responsible Party as the person, whether owner or operator, or any subsequent owner of the subject property who accepts responsibility for a petroleum release, who undertakes a corrective action after a release from a tank is discovered. Form 3 applies to owners/operators of tanks as defined in 75-11-307, MCA, section 4. Once this form is submitted to the PTRCB, staff members of the PTRCB and the Department of Environmental Quality’s Hazardous Waste Site Cleanup Bureau (DEQ/HWSCB) will review the application and make a recommendation to the PTRCB regarding reimbursement of expenditures. Before approving a reimbursement, the PTRCB shall affirmatively determine that the expenses for which reimbursement is claimed are eligible costs and were actually, necessarily, and reasonably incurred for the preparation or implementation of a corrective action plan approved by DEQ/HWSCB and the owner or operator is eligible for reimbursement under 75-11-308, MCA, and has complied with section 75-11-309, MCA, and any rules adopted pursuant to this section.*

*The following instructions are broken down into sections that match the sections in the form; if you need assistance with filling out this form, or have questions regarding the review of the application for reimbursement, contact PTRCB staff at (406)444-0925.*

#### ***Sections 1-4 - Contact Persons***

*Record the names, mailing addresses, phone and fax numbers of the Responsible Party, Applicant, and contact persons (consultant, contractor, subcontractor, vendor, designated representative, lending institution, etc.) who can answer questions concerning the information submitted with this application and who wish to be notified concerning the review of the application. Enter the business tax identification number, federal tax identification number, or social security number of the Responsible Party in the space provided.*

#### ***Section 5 - Facility and Release Information***

*Record facility and petroleum release information. Record the street address of the facility, not the mailing address. Record the DEQ facility identification number and the DEQ petroleum release number. If facility or release information is unknown, contact the Department of Environmental Quality (DEQ) @ (406) 444-1420, for more information.*

#### ***Section 6 - Detail of Costs***

*This section must be completed for each consultant, contractor, or vendor who provided corrective action services or goods and from which the Responsible Party has received itemized invoices and their support documentation. Refer to the attached “Required Documentation For Petroleum Board Allowable Charges” for more information on required support documentation.*

*I. If you are applying for reimbursement for costs from more than one consultant, contractor, or vendor, make copies of this section and complete this section for each consultant, contractor, or vendor. There is no need to complete a separate section if subcontractor costs are included in the consultant’s or contractor’s invoice.*

*II. For purposes of streamlining the application review process, it is recommended that invoices correspond to the specific DEQ-Approved Corrective Action Work Plan/Cost Estimate. In an effort to account for and track work and costs, please record the date and title of DEQ-Approved Corrective Action Work Plan/Cost Estimate(s) that correlate to the invoices. Bear in mind, costs in excess of the DEQ-Approved Corrective Action Work Plan/Cost Estimate that have not been approved by DEQ and the PTRCB may not be eligible for reimbursement.*

*III. Record invoice information such as date of invoice, invoice number, invoice amount and briefly describe the work or goods provided by each consultant, contractor, or vendor.*

**Section 7 - Total Costs**

*Enter the total dollar value of all corrective action invoices included in this application.*

**Section 8 - Proof of Payment**

*Proof of payment is required for reimbursement. One of the following examples of proof of payment is sufficient:*

- 1) copies of canceled check (front and back);*
- 2) a signed statement on the consultant's, contractor's or subcontractor's letterhead stating the amount that it has been paid. Also available from the PTRCB is an Acknowledgment Of Payment (Form 6) which is a formatted way for the consultant, contractor, or subcontractor to show it has been paid;*
- 3) Designation Of Representative Form (Form 5). \**

*\*According to 75-11-307 (3), MCA, an owner or operator may designate a person as an agent to receive the reimbursement, provided the owner or operator remains legally responsible for all costs and liabilities incurred as a result of the release. If the Designation Of Representative Form is used for proof of payment, the Responsible Party and the Designated Representative must agree to its use. If a Designation Of Representative Form is used, reimbursement will be issued and mailed directly to the Designated Representative. When proof of payment other than a Designation Of Representative Form is used, reimbursement will be issued and mailed to the Responsible Party indicated in Section 1 of this form. Please note, the Designation Of Representative Form does not qualify as proof of payment for the 7% subcontractor markup. Submit Proof of Payment with the application to the PTRCB.*

**Section 9 - Assent To Audit**

*An Assent To Audit (Form 2A or 2R) is also required for each consultant, contractor, or subcontractor who works at the release site. A Subcontractor is defined in PTRCB Rule 17.58.311, ARM, as a person who performs billable labor in association with a corrective action at the release site when that person is under contract with the contractor/consultant. Subcontractor services do not include delivery or pickup services. A Vendor is defined in PTRCB rule as a person who provides materials necessary for corrective action at the release site or services away from the release site. A vendor is not required to submit an Assent To Audit. Submit Assent To Audit forms with the application to the PTRCB.*

**Section 10 - Certification**

*The certification section must be completed by the Responsible Party or an applicant before the application will be processed. The Responsible Party or applicant must sign the form and have the signature witnessed by a Notary Public.*

*All items must be complete. Double check figures and information provided. Remember to attach invoices, proper invoice documentation, proof of payments, assent to audits, and sign and notarize the form. If this application form is incomplete, it will be returned to the Responsible Party or applicant.*

***Submit this completed application and required submittals to:***

***Petroleum Tank Release Compensation Board  
PO Box 200902  
Helena, MT 59620  
(406)444-0925  
1-800-556-5291***

**MONTANA PETROLEUM TANK RELEASE COMPENSATION BOARD**  
**APPLICATION FOR REIMBURSEMENT - CORRECTIVE ACTION**  
**FORM 3**

According to PTRCB Rule 17.58.334 ARM, upon completion of any aspect of a DEQ-Approved Corrective Action Work Plan/Cost Estimate, a responsible party may apply to the PTRCB using this Application For Reimbursement (Form 3) for reimbursement of corrective action costs associated with cleaning up an eligible petroleum release. Applications may be submitted in a piecemeal manner on the cleanup of a single petroleum release in situations where the cleanup would require a considerable period of time. If you are requesting reimbursement of corrective action costs associated with cleaning up more than one release, a separate Form 3 must be submitted for each release. Applications for third party damages such as property damage or bodily injury must be submitted on an Application for Reimbursement - Third Party (Form 3-T) available from the PTRCB. If you have any questions regarding the completion of this form, refer to the Instructions For Form 3. If you need additional help or additional forms, contact PTRCB staff at (800)556-5291.

1. Responsible Party - Name and address.

---

---

---

---

---

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Tax ID/SSI# \_\_\_\_\_

2. Applicant - Name and address.

---

---

---

---

---

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

3. Contact Person - Name and address.

---

---

---

---

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

4. Contact Person - Name and address.

---

---

---

---

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

5. Facility and Petroleum Release Information:

Name of Facility \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

DEQ Facility Identification Number \_\_\_\_\_

DEQ Petroleum Release Number \_\_\_\_\_

6. Detail of Costs:

Complete this section for costs you wish to be reimbursed and received from each consultant, contractor or vendor who completed work in reference to a DEQ-Approved Corrective Action Work Plan/Cost Estimate (Work Plan). Costs may be in the form of itemized invoices.

First, in the space provided, record the name, mailing address, contact person and phone number of each consultant, contractor, or vendor that you have invoices. If you are submitting invoices for more than one consultant, contractor, or vendor, copy this section and complete it for each consultant, contractor, or vendor. Attach additional sections as necessary.

Second, in the space provided, record the title(s) and date(s) of Work Plan(s) which relate to the costs you are applying for reimbursement. If there is more than one Work Plan, record dates and titles of each Work Plan.

Third, for each invoice, record date of invoice, invoice number, invoice amount, and briefly describe work or goods provided. Multiple invoices may be listed for any one consultant, contractor, or vendor. Please note, Fund law prohibits reimbursement of costs associated with corrective action work completed by or on behalf of the owner/operator that is more than two years old.

Submit itemized invoices and support documentation with this application to the PTRCB.

I. Name of Consultant/Contractor/Vendor \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

II. Title(s) and date(s) of DEQ-Approved Corrective Action Work Plan/Cost Estimate(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. Description of invoice:

<u>DATE OF</u> <u>INVOICE</u>	<u>INVOICE</u> <u>NUMBER</u>	<u>INVOICE</u> <u>AMOUNT</u>	<u>DESCRIPTION OF WORK</u>
----------------------------------	---------------------------------	---------------------------------	----------------------------

7. Total of all invoices for corrective action on this application: \$ \_\_\_\_\_
8. Proof of payment is required; refer to Instructions For Form 3 for examples. The reimbursement will be issued and mailed to the Responsible Party indicated in Section 1 of this form unless a Designation of Representative (Form 5) has been filed with the PTRCB. Submit proof of payments with this application to the PTRCB.
9. An Assent To Audit (Form 2A or 2R) is required for each consultant, contractor, or subcontractor who worked at the release site. Submit Assent To Audits with this application to the PTRCB.
9. Certification:  
This is a request for reimbursement from the Petroleum Tank Release Cleanup Fund. It is mathematically and clerically correct; and a legal, proper, and necessary request for reimbursement. The expenses submitted are actual, necessary, and reasonable. The costs submitted by the responsible party were actually paid, or the costs submitted by a contractor are for work actually completed. To the best of my knowledge and ability all information contained within this document is correct. The responsible party is responsible for payment of any costs associated with the release, including costs not reimbursed by the Petroleum Tank Release Cleanup Fund.

\_\_\_\_\_  
Responsible Party's or Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party's or Applicant's Name (Typed or Printed)

\_\_\_\_\_  
Responsible Party's or Applicant's Title

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Notary Public for the State of \_\_\_\_\_

(SEAL)

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Submit this completed application and required submittals to the following address:  
Petroleum Tank Release Compensation Board  
P.O. Box 200902  
Helena, MT 59620-0902

- Did you include invoices and any other required support documentation?
- Did you include proof of payment?
- Did you include an Assent To Audit form for each consultant, contractor, or subcontractor?
- Is the total of all invoices correct?
- Did you sign the Application and have it notarized?

Staff Use Only: